

## **FAMILY MEMBER RELOCATION CLEARANCE CHECKLIST**

***Can only be done 6 months prior to DEROS***

The Family Member Relocation Clearance (FMRC) is a mandatory screening process for 1) all family members of active duty AF planning to travel overseas (OCONUS) with their sponsors and 2) for active duty sponsors' family members who have special medical and educational needs traveling stateside (CONUS) with their sponsor. This process must be completed for your family members to be placed on your Permanent Change of Station (PCS) orders. Family members of DoD civilian sponsors follow the same procedures if they request a review of their health/education information to receive information on resources in the gaining locale.

The checklist and information below should help the process go smoothly. Please keep in mind that collecting medical and educational documentation for this process can take time; therefore, the sponsor is advised to contact the FMRC Coordinator at the medical treatment facility (MTF) to initiate the clearance within **7** working days of the notice of assignment. All forms listed below may be reproduced. Forms are available from the FMRC Coordinator or by downloading from the AF Special Needs website, <http://www.afspecialneeds.org>

**For your initial appointment with the FMRC Coordinator you will need the following materials:**

\_\_\_ **AF Form 1466**, Request for Family Member's Medical and Education Clearance for Travel. Sponsor must complete Sections I through IV, and sign on pages 1 and 2.

***\* If going stateside the below forms only need to be accomplished for the EFMP member \****

\_\_\_ **AF Form 1466D**, Dental Health Summary, must be completed for any family member over the age of two years, To be completed and signed by the dental provider.

\_\_\_ **DD Form 2792-1**, Exceptional Family Member Special Education/Early Intervention Summary, must be completed for all school-aged children (ages 3-21) or for children 0-3 who have an IEP/IFSP and intend to travel OCONUS with a military sponsor. It is completed for children traveling within CONUS if special needs have been identified. If the child has an Individualized Education Plans (IEP) or an Individualized Family Service Plan (IFSP), the most current version must be attached. Sponsor or spouse completes Demographics, Items 1-7, (Page 2 of 3 Pages). On DD Form 2792-1, (Page 3 of 3 Pages), Items 1 and 2 are completed by parents, while the Items 3 - 6, are completed by school or early intervention staff. When the child is home schooled, the parent must complete DD Form 2792-1, with verification from the school that no special education services are being provided. This can be accomplished by a letter/memo from the school or by co-signatures of the school representative and parent on the DD Form 2792-1.

\_\_\_ Medical records maintained in the MTF will be made available through the FMRC Coordinator. Medical records and documentation from civilian medical providers must be available (provided by sponsor, spouse, or majority age child) for all family members traveling with the sponsor.

Additional forms may be required at the FMRC Screening appointment with the medical provider. It is highly recommended that the sponsor/family obtain and complete all applicable forms prior to their appointment to help expedite the process. All forms may be reproduced. If your family member with special needs is receiving care currently, you can speed up the process by taking the DD Form 2792 to the medical specialist for completion prior to the Screening appointment. The summary forms for special medical needs are as follows:

***If dependents have no medical issues please bring in DD 2792 with only the demographics and all signatures completed.***

\_\_\_ **DD Form 2792**, Exceptional Family Member Medical Summary (one complete form for each family member being cleared). Privacy Act Statement and Authorization for Disclosure of Medical Information,

must be completed by the sponsor, spouse, and majority age children. Review instructions for signing before completion of Demographic/Certification, (Page 2 of 8 Pages). Medical Summary (Pages 3-5 of 8 Pages), Parts A, B, and C , must be completed for any **specialized medical needs and treatment**, (medical conditions requiring other than a general practitioner, e.g., neurology, ophthalmology, cardiology, urology, specialty pediatrics, counseling, etc.). The medical provider may require a medical appointment to provide these assessments, please plan ahead.

\_\_\_ **DD Form 2792, Addendum 1 - Asthma/Reactive Airway Disease Summary**, one for each person. Have provider mark N/A if this section does not pertain to the specified family member. This must be completed by a medical provider for each family member with Asthma/Reactive Airway Disease or symptoms. If asthma/reactive airway symptoms are treated by a specialty provider (e.g., pulmonologist), page 6 of 8 should be completed separately by that provider most knowledgeable about the care. It may be separated from other pages to allow timely completion while other reviews are in progress.

\_\_\_ **DD Form 2792, Addendum 2 - Mental Health Summary**, must be completed for all family members with past history (within 5 years) or present use of any mental health services, (e.g., social work, psychological, or psychiatric counseling, group sessions, substance abuse, and Family Advocacy Program involvement). It should be completed by the medical/mental health provider most knowledgeable about the treatment. If there is a history of problems with legal authorities, or if there have been recommendations for mental health care that have not been pursued, and there is no identified treating mental health provider, this form must be completed by the most knowledgeable provider. This may be completed by the Medical Review Officer or Special Needs Coordinator in such cases upon review of records and based on family interview. It may be separated from other pages to allow timely completion while other reviews are in progress. This may require completion by a civilian specialist who may wish to schedule an appointment, please plan ahead.

**Take the above documentation to the FMRC Coordinator for review. The FMRC Screening appointment will then be scheduled.**

At the FMRC Screening appointment, the sponsor and all family members will meet with the Medical Review Officer and the Special Needs Coordinator (SNC). During the appointment period, a family member of majority age may request individual time with the FMRC medical provider and SNC. If needs for services related to medical and educational needs exist, a Facility Determination Inquiry (FDI) package will be established. It may be necessary for the family to provide additional documentation following this appointment. Providing requested information as soon as possible will speed up the process.

**A recommendation for family member travel from the gaining base will take a minimum of two weeks to process from the time of the appointment. Additional information may be requested by the gaining medical facility and/or Department of Defense Education Activity.**

## **INSTRUCTIONS FOR REMOTE, UNACCOMPANIED, AND FOLLOW-ON ASSIGNMENTS**

For families where the sponsor takes a remote assignment with a follow-on assignment, an initial FMRC Screening appointment will be conducted for family member travel to the follow-on location prior to orders for the remote assignment being published. Sponsors must complete another FMRC Screening appointment for their family members six month prior to the follow-on assignment. **Sponsors and family members must notify the FMRC Coordinator or Special Needs Coordinator of any new special medical and/or educational needs that arise within six months prior to travel.**

The FMRC Coordinator at the base where the sponsor is assigned (remote/unaccompanied) is responsible for coordinating, tracking, and completing the FMRC process to the follow-on assignment. When the sponsor is on a remote or unaccompanied assignment, the MTF where the family resides may accomplish the screening appointment at the request of the sponsor's base Special Needs Office, and will forward the documentation to the sponsor's MTF FMRC Coordinator for processing with the gaining base.

If the family does not live near a military MTF, the family member's physician provides a review of medical records, may interview family members, and submit a synopsis of medical history and anticipated service needs. The civilian provider most knowledgeable about the family member completes the DD Form 2792 and all Addenda. This documentation is forwarded directly to the FMRC Coordinator at the sponsor's base who presents it to the Medical Review Officer for evaluation and completion of Section VI of the AF 1466. the Medical Review Officer and the Special Needs Coordinator call the civilian physician with any questions to complete sections VI and VII of the AF 1466, ensuring appropriate consents to release this information have been signed by the family member/parent previously. The school and/or early intervention program completes the DD Form 2792-1 for each child in special education, early intervention, or who is "home-schooled". Upon completion, the family ensures the following are sent to the FMRC Coordinator: Page 5 of AF Forms 1466, signed by each person of majority age, AF Forms 1466D0, Dental Health Summary, DD Form 2792 and Addenda, and DD Form 2792-1 with IEP or IFSP where appropriate. The FMRC Coordinator may contact the sponsor for assistance in gathering these forms, but family members of majority age may not be asked to provide protected health information through their sponsor and should be provided the address or fax number to send this information directly to the FMRC Coordinator. The FDI package is then processed from the remote/unaccompanied base in coordination with the gaining/follow-on FMRC Coordinator.

**A recommendation for family member travel from the gaining/follow-on base will take a minimum of two weeks to process. Additional information may be requested by the gaining medical facility and/or Department of Defense Education Activity.**

**If you have any questions, please contact your FMRC Coordinator:**

SSgt Coleman/SrA Gilo  
(FMRC COORDINATOR'S NAME)

907-580-6425  
(PHONE NUMBER)

5955 Zeamer Ave/ JBER, AK 99518  
(MAILING ADDRESS)